

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<del>XX</del>	69861	1/10
O.I.P.E. CLASSIFIER		12	1/24
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CT	69916	2/11/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

BEST AVAILABLE COPY

app

Claim	Date
Final	
Original	
1	✓
2	✓
3	
4	✓
5	✓
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100	✓

meth

Claim	Date
Final	
Original	
1	✓
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comp medium

Claim	Date
Final	
Original	
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100	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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